

CERTIFICATION APPLICATION
FOR
THE CAPITAL GAINS EXEMPTION
(Section 58.1-322 of the Code of Virginia)

NAME OF COMPANY	
FEIN	
DATE OF FORMATION	
STREET ADDRESS	
CITY, STATE, AND ZIP CODE	

Business Entity Information:

Address of the above-named business' principal office or facility: _____

Type of Business: ☐ Corporation ☐ S Corporation ☐ Partnership ☐ Limited Liability Company (LLC).

The above-named business is primarily engaged, or is primarily organized to engage the following field:

- ☐ advanced computing.
- ☐ advanced materials.
- ☐ advanced manufacturing.
- ☐ agricultural technologies.
- ☐ biotechnology.
- ☐ electronic device technology.

☐ energy.

☐ environmental technology.

☐ information technology.

☐ medical device technology.

☐ nanotechnology.

☐ other.

Please describe the activity of the above-named business and explain how it engages in the above field (If more space is needed, you may attach the description):

Declaration: I, the undersigned officer or other person authorized to act on behalf of the business entity, declare that all information included in this application is, to my knowledge, truthful.

SIGNATURE	
PRINTED NAME	
TITLE	
DATE	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	